

# Scholarships Available for Some Classes

## 54-hour MMSR Series ❖ CDA Prep Series Family Child Care PreService Series

Thanks to a partnership with Howard Community College, we are able to offer scholarship opportunities to eligible Howard County residents for some of our child care classes. A limited number of scholarships are available each year, so if you meet the eligibility requirements, be sure to apply early!

**Classes Included:** the 54-hour MMSR Series, the CDA Prep Series, and the Family Child Care PreService Series (including First Aid/CPR and SIDS)

### Eligibility Requirements:

Applicants must be Howard County residents, have a high school diploma or GED, be at least 19 years old, and meet the following income criteria:

Family Size	Annual Income	Family Size	Annual Income	Family Size	Annual Income
1 person	\$43,050	4 people	\$61,500	7 people	\$76,250
2 people	\$49,200	5 people	\$66,400	8 people	\$81,200
3 people	\$55,350	6 people	\$71,350		

**Deadlines:** Scholarships are offered on a rolling basis. Submit your application at any time during the year, and scholarships will be awarded as funds are available.

**Application Instructions:** Fill out the application on the back of this flyer. Submit it with your class registration form (available online or in the Nest and Training Calendar). Be sure to indicate on your class registration that you are applying for an HCC scholarship. No payment for the class is necessary. We will notify you of your scholarship status as soon as possible. If for some reason you do not receive a scholarship for the class, you will be responsible for payment to the Office of Children's Services before a certificate can be issued.

**How to Submit:** Submit your application in person or by mail to Howard County Office of Children's Services, 3300 N. Ridge Rd. Suite 380, Ellicott City, MD 21043.

**Questions?** For assistance in completing this form, contact: Kristin Navarro (Howard Community College Division of Continuing Education, 410-772-4049), or Priscilla Kung (Office of Children's Services, 410-313-1767).



HOWARD  
COMMUNITY COLLEGE

*You Can Get There From Here.*

# Howard Community College - Howard County Office of Children's Services

## Scholarship Application/CDBG Self Certification Form

This program is made possible through the support of the Howard County Community Development Block Grant (CDBG) program. CDBG is a federally funded program through the US Dept. of Housing and Urban Development (HUD), administered by Howard County, designed to serve low and moderate income individuals. To meet the program's national objectives, we need to collect data which is required by HUD through Howard County Government. Names are not provided beyond this organization, but the statistical data is required to ensure compliance with rules and regulations for the use of these funds. It is only through your cooperation that we can provide these programs.

**Please provide the following information.** Name and address information is not forwarded to Howard County Government or to HUD. It is only used to count individuals served.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please **circle household size** and place a check mark in the box to the right of family size that indicates your **total household income**. In answering this question, include income sources that you would report on your Federal income tax form.

Household Size	Total Household Annual Income (Effective 2/13/08)			
1	<input type="checkbox"/> \$0 - \$16,400	<input type="checkbox"/> \$16,401 - \$27,350	<input type="checkbox"/> \$27,351 - \$43,050	<input type="checkbox"/> over \$43,051
2	<input type="checkbox"/> \$0 - \$18,750	<input type="checkbox"/> \$18,751 - \$31,300	<input type="checkbox"/> \$31,301 - \$49,200	<input type="checkbox"/> over \$49,201
3	<input type="checkbox"/> \$0 - \$21,100	<input type="checkbox"/> \$21,101 - \$35,200	<input type="checkbox"/> \$35,201 - \$55,350	<input type="checkbox"/> over \$55,351
4	<input type="checkbox"/> \$0 - \$23,450	<input type="checkbox"/> \$23,451 - \$39,100	<input type="checkbox"/> \$39,101 - \$61,500	<input type="checkbox"/> over \$61,501
5	<input type="checkbox"/> \$0 - \$25,350	<input type="checkbox"/> \$25,351 - \$42,250	<input type="checkbox"/> \$42,251 - \$66,400	<input type="checkbox"/> over \$66,401
6	<input type="checkbox"/> \$0 - \$27,200	<input type="checkbox"/> \$27,201 - \$45,350	<input type="checkbox"/> \$45,351 - \$71,350	<input type="checkbox"/> over \$71,351
7	<input type="checkbox"/> \$0 - \$29,100	<input type="checkbox"/> \$29,101 - \$48,500	<input type="checkbox"/> \$48,501 - \$76,250	<input type="checkbox"/> over \$76,251
8	<input type="checkbox"/> \$0 - \$30,950	<input type="checkbox"/> \$30,951 - \$51,600	<input type="checkbox"/> \$51,601 - \$81,200	<input type="checkbox"/> over \$81,201

**Please indicate the ethnicity of the head of household:** Hispanic or Latino \_\_\_\_\_ or Non Hispanic or Non Latino \_\_\_\_\_

**Please indicate the race of the head of household:**

American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Other not listed (include multi-race) \_\_\_\_\_

**Is the Head of household Female? Y / N (Circle one)**

**I certify** that the information provided is correct to the best of my knowledge. If necessary, I will provide the information required to verify this data (e.g. pay stubs, bank account statements, etc.). I understand that if I am not accepted for a scholarship, I will be responsible for payment of the published price associated with each class or series I attend. I further understand that if I do receive a scholarship, I must attend every required class meeting for the series and complete all required coursework; if I do not attend classes or do not complete all coursework, I will be responsible for repayment of the full scholarship amount.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Class or Series for which you are applying:**

\_\_\_\_ 54-hour MMSR Series      \_\_\_\_ CDA Prep Series      \_\_\_\_ Family Child Care PreService (including First Aid/CPR and SIDS)

**Reason Training is Necessary:**

\_\_\_\_ For prospective employment      \_\_\_\_ To maintain an existing position      \_\_\_\_ Career advancement, promotion, pay increase

**To Submit:** Return this completed, signed form along with your registration form to the Office of Children's Services (see address on front of flyer). Do not include payment for the class.

Office of Children's Services Use Only:

This applicant is recommended for the following training class(es) \_\_\_\_\_

OCS Signature \_\_\_\_\_ Date \_\_\_\_\_